DOCUMENT RESUME

ED 366 892 CG 025 240

AUTHOR	James, William H.
TITLE	A Follow-up Report on Restructuring Schools: Reducing Alcohol and Other Drug Abuse among Adolescents through a School-Community-University Partnership Program in the Federal Way School District.
INSTITUTION	Washington Univ., Seattle. Center for the Study and Teaching of At-Risk Students.
SPONS AGENCY	Office of Elementary and Secondary Education, Washington, DC. School Improvement Programs.
PUB DATE	Sep 93
NOTE	47p.; Prepared by the Center for the Study and Teaching of At-Risk Students (C-STARS). Appendix D will not reproduce clearly. For a related document, see CG 025 239.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Adolescents; *Alcohol Abuse; Alcohol Education; *College School Cooperation; Drinking; *Drug Abuse; Drug Education; Higher Education; High Schools; High School Students; Intervention; Nontraditional Education; *Prevention; Program Effectiveness; *School Community Programs

ABSTRACT

This document presents a follow-up report on a school-community partnership program developed and field tested by the Federal Way School District in Washington State from 1989 through 1993 and designed to focus on substance use intervention and prevention at Continuation and Contract-Based Education (CBE) High Schools. This report describes the level of substance use by at-risk alternative high school students who participated in a school-community partnership program that used a student assistance program/case management model to reduce substance use among at-risk students. This report provides 15 months of data on students, as well as an evaluation of student assistance programming, and includes the results yielded from tracking students required to complete education classes, intensive outpatient programs, residential programs, and aftercare programs. Evaluation results are presented which show lower overall combined diagnosed rates for substance abuse and chemical dependency over the course of the project. Included in this report are a project overview, summary of findings, detailed discussion of findings, case interviews, recommendations, a look at program restructuring for the 1992-1993 school year, a glossary, and appendices (Contains 18 references.) (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 366 892

A Follow-up Report on Restructuring Schools: Reducing Alcohol and Other Drug Abuse Among Adolescents Through a School-Community-University Partnership Program in the Federal Way School District

Continuation High School and Contract-Based Education High School
Pam Morris-Stendal, Principal

Prepared by the
Center for the Study and Teaching of At-Risk Students
(C-STARS)

William H. James, Ph.D.
Research Assistant Professor

September 1993

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

W. JAMES

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

CG025240

(Not for citation, quotation, reproduction or distribution without written permission from the Federal Way School District.
Prepared for the Federal Way School District and other interested parties.)

BEST COPY AVAILABLE

A School-Community-University Partnership Program

DISTRICT: Federal Way School District No. 210
31405 - 18th Avenue South
Federal Way, WA 98003
206/941-0100
Dr. G. Richard Harris, Superintendent

SCHOOLS: Continuation High School
Contract-Based Education High School
31455 - 28th Avenue South
Federal Way, WA 98003
206/927-4477 or 206/838-1004
Pam Morris-Stendal, Principal

SUMMARY: Federal Way School District No. 210 has received state and federal national awards for its efforts under the guidelines adopted through the Drug-Free Schools and Communities Act. The district is a rapidly growing urban district of 18,777 students and families located between Seattle and Tacoma.

COMMUNITY AGENCY: Olympic Counseling Services
1215 Regents Blvd., Suite A-B
Tacoma, WA 98466
206/564-0220
Dr. David D. Moore, Executive Director

SUMMARY: Olympic Counseling provides student assistance program services to twelve districts in Washington State. A developer of three U.S. Department of Education grant projects funded under the Drug-Free Schools and Communities Act, Olympic designs components of student assistance programs nationwide.

RESEARCH UNIVERSITY: University of Washington
College of Education
Center for the Study and Teaching of At-Risk Students (C-STARS)
4725 - 30th Avenue NE
Seattle, WA 98105
206/543-3815
Dr. William H. James, Research Assistant Professor

SUMMARY: The University of Washington Center for the Study and Teaching of At-Risk Students (C-STARS) provides research and evaluation activities and technical assistance and training in school district-communities across Washington state. C-STARS is funded by grants and contracts from the U.S. Department of Education and other sources.

Table of Contents

List of Tables and Figures	iii
Acknowledgments	iv
Abstract	1 - 4
Project Overview	5 - 10
Summary of Findings	11 - 12
Findings	13 - 20
Case Interviews	21 - 25
Discussion	26
Recommendations	27
Program Restructuring for 1992-93 School Year	28
Glossary	29
References	30 - 31
Appendices	32 - 41

A: Student Assistance Programs
B: Federal Way School District Policy on Drugs, Alcohol, and Mind-Altering Substances
C: Case Management Contract
D: Alternative School Student Assistance Program Information Paper

List of Tables

Table 1: Student Assistance Program Case Management 9

Table 2: Ages of Students at Continuation H.S. 13

Table 3: Ethnicity of Students at Continuation H.S. 13

Table 4: Students Living with Continuation H.S. 14

Table 5: Diagnostic Evaluations for Continuation H.S. 1991-1992 15

Table 6: Diagnostic Evaluation for Continuation H.S. 1992 - 1993 16

Table 7: Continuum of Required Services for Continuation H.S. 1992-1993 (WAC 275-19-660) 17

Table 8: Diagnostic Evaluations for CBE H.S. 1991 - 1992 18

Table 9: Diagnostic Evaluations for CBE H.S. 1992 - 1993 19

Table 10: Continuum of Required Services for CBE H. S. 1992-1993 (WAC 275-19-660) 20

List of Figures

Figure 1: Assessment Process for Continuation/CBE H.S. 8

Acknowledgments

This research was funded by a grant from the U.S. Department of Education Drug-Free Schools and Communities Program, 84.184B Federal Activities Grant Program.

Preparation of the report was facilitated by staff at the Federal Way School District, Continuation High School, Contract-Based Education High School, and Olympic Counseling Services.

The author gives special thanks to Diane Simmons for assistance in collecting of data, to Julia Hastings for data compilation, and to Dr. Beth Hutchison for editorial feedback.

Abstract

Despite some increased societal understanding of the hazards of using alcohol and other drugs, the incidence of substance use among adolescents remains unacceptably high. Of particular concern is the use of alcohol and other drugs among youth at risk of dropping out of school or experiencing school failure as a result of such factors as poverty, lack of motivation, teenage pregnancy, or gang involvement. Involvement with illicit drugs and/or alcohol further decreases students' willingness and/or ability to successfully remain in school. Research with these hard-to-reach populations (Kandel, 1975) has suggested that drug use among at-risk youth appears to evolve in stages consistent with the "gateway" concept (beginning with cigarettes, alcohol, or marijuana, and progressing to other drugs).

Many alternative high school programs are known for having numerous at-risk substance using students at different levels. In the context of a community's entire adolescent population, including peer influences between other district secondary schools, a realistic approach to high-risk adolescents is to target the alternative high school youth for substance use intervention strategies.

Recent studies have provided information on student drug use; for example, 76 percent of tenth-grade Washington students have used drugs (Northwest Regional Educational Laboratory, 1991). A study for the Washington State Office of the Superintendent of Public Instruction validated the student assistance model for reducing substance use problems among high school students (Herberg, Hughes & Bond, 1990). Subsequently, the 1991 Washington State Legislature allocated $10.2 million annually to infuse student assistance programming throughout the state's school districts. However, less is known about the effectiveness of a student assistance case management approach which uses diagnostic evaluations to place students in program tracks including education classes, an intensive outpatient program, residential referrals, and aftercare programs.

Over the past four years (1989-1993), the Federal Way School District has developed and field tested a school-community partnership program focusing on substance use intervention and prevention at Continuation and Contract-Based Education (CBE) High Schools. The pilot year program targeted Continuation/CBE High School students to receive coordinated interagency substance use, health, social, and education services through a school-based student assistance case management program.

This is a descriptive report on the level of substance use by at-risk students attending Continuation/CBE High School in the Federal Way School District. These students participate in a school-community partnership program which utilizes a student assistance program/case management model to reduce substance use among at-risk students. Information in this report provides fifteen months of data on students at Continuation/CBE High School.

Additionally, this report also provides an evaluation of student assistance programming and includes the results yielded from tracking students required to complete education classes, intensive outpatient programs, residential programs, and aftercare programs. This follow-up report focuses on the elements listed in the Recommendations, Program Adjustments, and Ongoing Program Evaluation sections of the report issued in October of 1992.

Five sources of data were employed in this study: (1) student records made available by the District; (2) diagnostic assessment data compiled by Olympic Counseling Services; (3) student demographic data compiled and maintained by the student assistance case manager; (4) on-site visits and discussions with representatives of the student assistance team (e.g., principal, teachers, teacher's aides, counselor, case managers) who had a special involvement in the project; and (5) structured interviews with six students who returned to school in 1992-1993.

For the study of the at-risk students of Continuation/CBE, five data sets suggested alternative methodologies, thus allowing multi-trait, multi-method validation of the study findings. The student demographic data provided anonymous information on student characteristics and the diagnostic assessment data provided anonymous information on the substance users. Lastly, the on-site visits, discussions, and case studies provided valuable qualitative information about the determinants of drug use and the plausibility and practicality of program tracks directed toward target populations. This information was particularly useful in developing the recommendations section of this report.

Evaluation results to date are promising. They show lower overall combined diagnosed rates for substance abuse and chemical dependency. In the pilot year (1989-1990), 83 percent of Continuation High School Students were diagnosed for substance abuse and chemical dependency. The 1991-1992 project year shows a rate of 54.5 percent for Continuation High School students--almost 30 percent lower.

While the percentage of Continuation High School students involved in substance abuse and chemical dependency has decreased, an increasing number of

students, particularly African American students, were evaluated as exhibiting levels of defensiveness which preclude a diagnostic assessment of substance use. The rate of defensiveness (a diagnostic evaluation where defenses do not allow a diagnosis) in the pilot year (1989-1990) was 15 percent for students at Continuation High School, while the defensiveness rate for the 1991-1992 project year increased to 39 percent for Continuation High School students. The change in the level of substance use appears to be directly related to the degree of denial exhibited. As this data indicates, denial has become more apparent and sophisticated within the adolescent population. This perhaps leads to higher levels of defensiveness. Staff of Continuation/CBE High Schools and Olympic Counseling are presently researching additional evaluation tools and techniques to reduce diagnoses of defensiveness. These may be introduced into future evaluation processes.

One major expansion needed is more treatment tracks that focus on student and family denial for defensive students. Other needed enhancements include a computer-based tracking system to monitor multiple service delivery techniques and outcomes, modules promoting sensitivity to multicultural factors and the cultural empathy needs of ethnic populations, a multiple-baseline follow-up study of students referred to program tracks in 1991-1992, and adaptations of the model to assist dropout retrieval efforts while continuing the present emphasis on substance use prevention.

During the next two years, four King and Pierce County school districts (Federal Way, Franklin-Pierce, Peninsula, and Tacoma), in collaboration with Olympic Counseling Services and the University of Washington's Center for the Study and Teaching of At-Risk Students (C-STARS), will continue with other school-community programs and agencies in a partnership to collaboratively expand and enhance the student assistance case management model for the prevention of substance use. Site-specific variations of this model will be tested and evaluated in four elementary schools, four middle schools, and four high schools in each of these districts.

In addition to expanding and field testing the student assistance case management model, annual dissemination and replication activities will continue to be provided through the University's Mastery Educator Institute for School District Alcohol and Other Drug Prevention Programs (MEI). The MEI provides replication and start-up assistance to approximately 150 educators and public service providers from eight states on an annual basis. The Mastery Educator Institute Programming Manual (Moore, 1992) is provided to all institute participants, is available to school districts, and will contain a summary of these findings.

The evaluation design for this project was developed referencing general standards addressing design, results, and replication as specified by the U.S. Department of Education's Program Effectiveness Panel. At the conclusion of the project, C-STARS intends to request formal approval and support from the panel to disseminate this substance use prevention program through the National Diffusion Network.

Project Overview

Federal Way School District, an urban district of 18,777 students and their families, is located between Seattle and Tacoma. Like many districts across the nation, Federal Way School District has instituted an alternative high school education system to address the needs of at-risk students in ninth through twelfth grade.

Continuation High School and Contract-Based Education (CBE) High School are alternative high school programs that began in 1970. These schools are designed for students who have difficulty with, or find themselves outside of, the regular school program for a variety of reasons. Approximately 325 students between the ages of 14 and 20 are served by Continuation/CBE High School.

Continuation High School is a classroom-based supplemental program. Students are encouraged to return to the regular school program if they so desire, or may remain and receive a Continuation High School diploma. Contract-Based Education is a supplemental program based on contracted learning, tutorials, and individual meetings with teachers rather than larger classes.

Some students at Continuation/CBE fall into the following categories: (1) having had serious attendance, behavior, or academic problems in the past; (2) attending school part-time because of employment or unusual personal responsibilities or circumstances; (3) pregnant or teen parent; (4) needing individualized instruction, smaller classes, and personal guidance.

Many at-risk student populations experiencing high rates of school failure at the traditional school system have concurrent high levels of substance abuse (Werner, 1987). During the 1989-1990 school year, a community agency specializing in the research and development of alcohol and other drug assessment procedures for adolescents was retained to provide diagnostic evaluations of substance use by students entering Continuation/CBE High School. The community agency, Olympic Counseling Services, administered assessment protocols that are scheduled for national dissemination by the American Association for Counseling and Development (Moore and Forster, 1993).

In the Autumn of 1990, a survey of alcohol and other drug use was conducted to determine the extent and nature of substance use among public school students in Washington State (Northwest Regional Educational Laboratory, 1991). The

sample included more than 18,000 sixth, eighth, tenth, and twelfth grade students in 176 schools.

Highlights of this survey for tenth and twelfth graders include the following:

- Some form of alcohol had been tried by 60 percent of eighth graders, 76 percent of tenth graders, and 83 percent of the twelfth graders.

- 24 percent of eighth graders, 34 percent of tenth graders, and 41 percent of twelfth graders reported having tried one or more illicit drugs at least once.

- Nearly 7 percent of eighth graders and nearly 24 percent of twelfth graders reported high use of alcohol.

Based on the above local and state-wide data, a District Drug/Alcohol Task Force recommended that all students entering the alternative education programs receive a diagnostic evaluation for substance use and be required to follow the evaluation's recommendations as a condition of enrollment. This was adopted as school policy based on the Supreme Court's ruling that alternative education was not an entitlement program and that school districts could therefore impose additional requirements for enrollment in alternative education programs (Bethel School District v. Fraser, 106 S. Ct. 3159, 1986).

Simply put, any student unwilling to follow these alternative high school enrollment requirements could attend a traditional high school. Students with learning or behavioral problems could apply for special education services in the traditional schools. However, if students wished to enroll in Continuation/CBE High's alternative programming, they would need to participate in an abstinence-based school-community program designed to address any diagnosed substance use problems. The following diagram (Figure 1) outlines the assessment process for students desiring to attend Continuation/CBE High School.

Although assessment and referral are common elements of student assistance programs (see Appendix A), many such programs lack a standardized assessment and referral process (Anderson 1988). The benefits of standardization are twofold:

1. All students entering the involuntary process would have uniform expectations. Individual manipulation of the process was made difficult, as was any perception of unequal status.

2. With a standard set of referral expectations, the district could work with community agencies to allocate resources based on needs (e.g., projected number of substance abuse education classes, types of group therapy components, etc.)

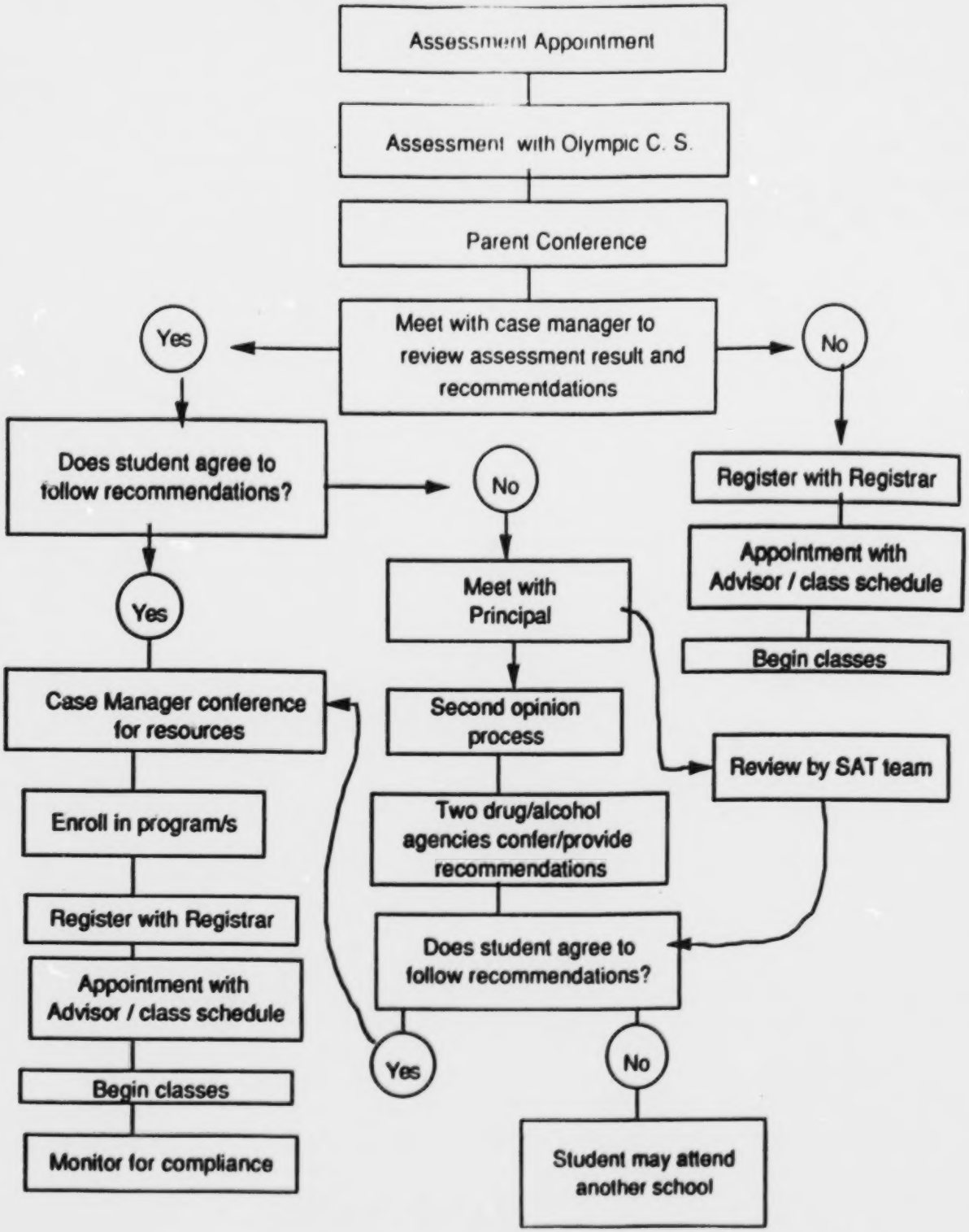
The standardized diagnostic assessment process adopted is a national model developed by Olympic Counseling Services (Benishek, 1989) and currently being disseminated by University of Washington C-STARS. This process includes the Adolescent Substance Battery (Moore, 1990), which in turn includes the Client Substance Index (Benishek, 1989) to provide a differential diagnosis of substance abuse level. In addition, the battery includes the Psychological Screening Inventory (Lanyon, 1978), which yields prediction scores on such critical adolescent psychosocial areas as thought disorder, authority conflict, treatment motivation, introversion-extroversion, impulse control, and problem denial.

Parents or guardians of some students evaluated were involved in the assessment process. (Note: Students aged 14 years or older have the legal right to confidentiality of intake and assessment information. Parents of students exercising this right may not legally be informed of their student's participation or assessment status.) Post-assessment planning conferences frequently included the family or guardian and the student's designated school counselor. In cases involving disciplinary referrals, a school administrator also attended the planning conference. An individualized student program combining prevention or recovery therapy was designed by the chemical dependency counselor and the representative of the school and family. The school assigned a case manager to coordinate and assist with the program's implementation.

A standardized referral process was adopted from therapeutic guidelines based on diagnostic categories used by the Washington State Department of Licensing. These guidelines were developed for the licensing of motor vehicle operators with a past history of substance use. The referral program included categories for substance misuse, substance abuse, and chemical dependency. In cases where students were assessed as too defensive to be accurately evaluated, they were referred to an ongoing assessment process (Anderson, 1988). In these cases, a final determination of appropriate intervention was made at the end of an eight-week and group process.

A review of the 1989-1990 data indicated that families experienced difficulties accessing community services for a number of reasons, including resistance to counseling, lack of familiarity with services, ongoing misperceptions about school entry requirements, and lack of family efficacy skills. During a planning process with Olympic Counseling Services and the University of Washington's Center for

Figure 1: Assessment Process for Continuation/CBE High schools



the Study and Teaching of At-Risk Students (C-STARS), Continuation High School decided to infuse their student assistance program with a case management structure (Smith & Stowitschek, 1989) as outlined below.

Table 1: Student Assistance Program Case Management

Assessment: The student assistance counselor identifies the causes of the student's difficulties, both those within the student and those that are aspects of their family or environment.

Development of a Substance Abuse Prevention/Early Intervention Plan: The student assistance counselor develops a mix of services, short-term and long-range, in-school and community-based. The plan targets risk factors and initial use as well as the enhancement of resilience factors (Werner, 1987).

Brokering: The school case manager links the student and family to needed services that cannot be provided by the school. This includes pre-referral counseling of parents who may lack a willingness to access substance-use related services or local cohesion and efficacy necessary for community service usage (Jessor and Jessor, 1977; Simcah-Fagan and Gersten, 1986).

Implementation and Coordination: This component serves as a communication system between providers, within the school and community, and creating linkages between providers for holistic treatment. The case manager oversees implementation of this system.

Advocacy: The case manager helps the student and family negotiate in society, particularly in utilizing and communicating with service systems. Issues of maximizing financial resources and diffusing miscommunication problems are paramount in this area. The school student assistance team acts as system-to-system planner and advocate.

Monitoring and Evaluation: The case manager tracks and records student/family progress with special attention to confidentiality provisions of Federal Law 42CFR(2). This includes file management, obtaining ongoing service provider reports, and creating changes to the overall prevention/intervention plan.

Mentoring: The case manager and student assistance team continue contact with the student and family, exhibiting the characteristics of a primary caregiver in providing a supportive, ongoing, adult relationship to the student.

Notes:

1. The student assistance counselor is a community agency counselor accredited to evaluate substance use problems.

2. The student assistance team is a group of school personnel who oversee the entire program.

3. The case manager provides family assistance services on behalf of the student assistance team.

The program structure is based on two program goals derived from the needs assessment:

Goal One: Conduct standardized substance use assessments and provide a student-community recovery/prevention student assistance program for all Continuation/CBE High School students.

Goal Two: Provide post-assessment case management to all students entering Continuation/CBE High School.

The Federal Way School District has adopted the U.S. Department of Education's strong anti-drug policies in accordance with *Schools Without Drugs* (Bennett, 1987; see Appendix B). A top priority at Continuation/CBE High School is that each student maintain a drug-free and healthy life style. The district expects each student attending Continuation/CBE High School to participate in the student assistance program to the degree that is indicated by a professional drug/alcohol assessment. Before enrolling in Continuation/CBE High School, students sign a statement of compliance with program requirements (Appendix C).

The Federal Way School District implemented the School-Community-University Partnership Program to Reduce Substance Abuse in Adolescents in 1991-92 at Continuation High School and Contract-Based Education (CBE) High School. The School-Community-University Partnership Initiative was designed to reduce substance abuse among adolescents by providing individualized program service tracks for students based on substance use assessments. The partnership includes the Federal Way School District, Olympic Counseling Services, and the University of Washington's Center for the Study and Teaching of At-Risk Students (C-STARS), and is funded by a grant from the Drug-Free Schools and Communities Program of the United States Department of Education.

Summary of Findings
September 1992 - March 1993

CONTINUATION HIGH SCHOOL

Demographic Data on Returning Students

The 105 returning students ranged in age from 14 to 20, with the average age 16 years, 9 months. The student population included 61 females and 44 males. 41 percent of the students were seniors. 34.3 percent lived with both parents, and 38.2 percent lived with mother only. 78 percent of the students were European Americans. African Americans comprised the largest ethnic population at 7.6 percent.

Diagnostic Evaluations

A total of 105 diagnostic evaluations on returning students were reviewed during the 1992-1993 school year at Continuation High School. 28.6 percent of these students were diagnosed as chemically dependent, 10.5 percent as misusers, 8.6 percent as abusers, and 9.5 percent were diagnosed with no significant problem. The remainder were in categories ranging from 15.2 percent defensive-misuse, to 5.7 percent defensive-abuse, to 21.9 percent defensive-unable to determine.

Program Tracks

11 students were required to attend education classes on alcohol and other drugs. 14 students were required to attend the Intensive Outpatient Program (IOP). 12 students were required to attend men's group, and 27 students to attend the women's group. 4 students were referred to aftercare and 2 required random urinalysis. 4 students attended AA, and 4 individual counseling. 10 students were required to attend an extended evaluation group that included additional requirements and 14 students had no requirements to fulfill.

Contract-Based Education High School

The data provided to the researcher regarding students at CBE High School is summarized below.

Demographic Data

The students ranged in age from 15 to 20 years old. The average age was 17 years old. 31.6 percent of the students were seniors and 31.6 percent juniors. 66 percent of the students were female, and 34 percent male. 16 percent indicated that they were students with children.

Diagnostic Evaluations

A total of 37 diagnostic evaluations were reviewed on continuing students during the 1992-93 school year at Contract-Based Education High School. 27 percent of these students were diagnosed as chemically dependent, 13.5 percent as misusers, and 2.7 percent were diagnosed with no significant problem. The remainder were in categories ranging from 13.5 percent defensive-misuse, to 8.1 percent defensive-abuse, to 35.1 percent defensive-unable to determine.

Findings

CONTINUATION HIGH SCHOOL

TABLE 2: AGES OF STUDENTS AT CONTINUATION HIGH SCHOOL

AGE	NUMBER	PERCENT
14	4	3.8%
15	13	12.4%
16	29	27.6%
17	29	27.6%
18	17	16.2%
19	10	9.5%
20	3	2.9%
TOTAL	**105**	**100.0%**

The average age at Continuation High School was 16 years and 9 months.

TABLE 3: ETHNICITY OF STUDENTS AT CONTINUATION HIGH SCHOOL

ETHNICITY	NUMBER	PERCENT
African American	8	7.6%
Asian American	6	5.7%
European American	82	78.1%
Hispanic/Latino	1	1.0%
Native American	1	1.0%
Other/Mixed	7	6.6%
TOTAL	**105**	**100.0%**

TABLE 4: STUDENTS LIVING WITH

LIVING WITH	NUMBER	PERCENT
Both Parents	35	33.3%
Mother	39	37.1%
Father	9	8.6%
Other (Spouse, Friend, Relative)	10	9.5%
Guardian	4	3.8%
Self	5	4.8%
No Data	3	2.9%
TOTAL	**105**	**100.0%**

Of the 105 students attending Continuation High School, 25 indicated that they had children of their own. The actual number of Continuation students who are parents may be higher since all of the students did not answer this question on the student profile form.

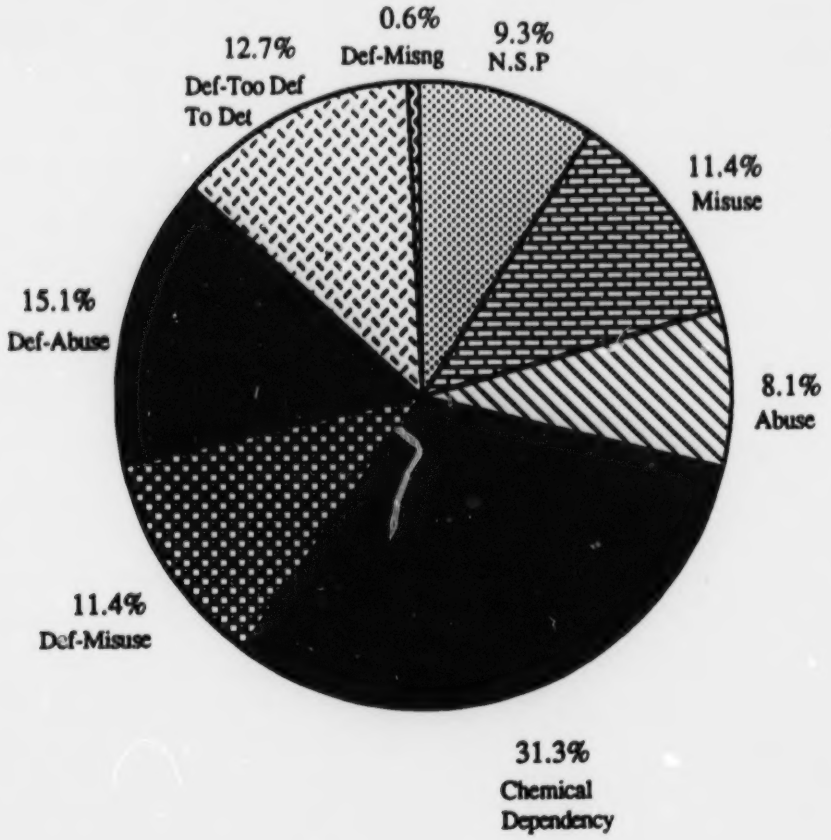
GENDER AND GRADE LEVELS

There were 61 female students and 44 male students. 41.2 percent of the students were in 12th grade, 28.4 percent in 11th grade, 27.5 percent in 10th grade, and 2.9 percent in 9th grade.

DIAGNOSTIC EVALUATIONS

Diagnostic evaluations were provided to 322 students attending Continuation High School in 1991-1992. The results of these evaluations are provided in Table 5. A total of 105 students enrolled at Continuation High School in 1991-1992 were still attending CBE during 1992-1993. Their diagnostic evaluations are indicated in Table 6.

TABLE 5: DIAGNOSTIC EVALUATIONS FOR CONTINUATION HIGH SCHOOL 1991-1992



N.S.P (No Significant Problem): A diagnostic evaluation where there are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may occur in this category.

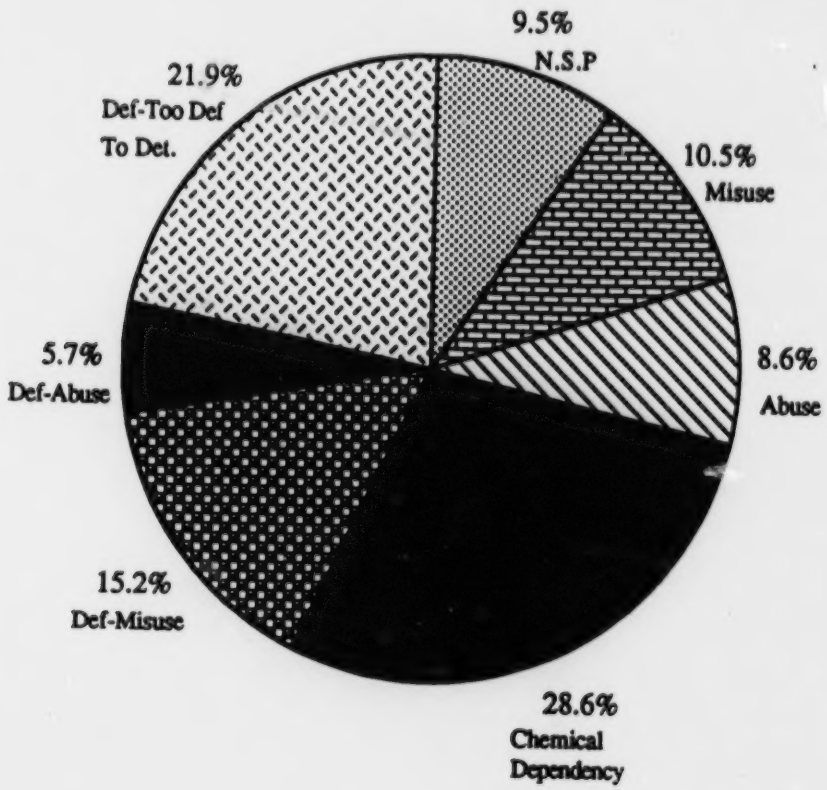
Misuse: A diagnostic evaluation where intoxication and impairment occurs because of the use of alcohol or other drugs.

Abuse: A diagnostic evaluation where use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

Chemical Dependency: A diagnostic evaluation where dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

Defensive (Def-): A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, too defensive to determine (Def-Too Def To Det), chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

TABLE 6: DIAGNOSTIC EVALUATIONS FOR CONTINUATION HIGH SCHOOL 1992-1993



N.S.P (No Significant Problem): A diagnostic evaluation where there are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may occur in this category.

Misuse: A diagnostic evaluation where intoxication and impairment occurs because of the use of alcohol or other drugs.

Abuse: A diagnostic evaluation where use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

Chemical Dependency: A diagnostic evaluation where dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

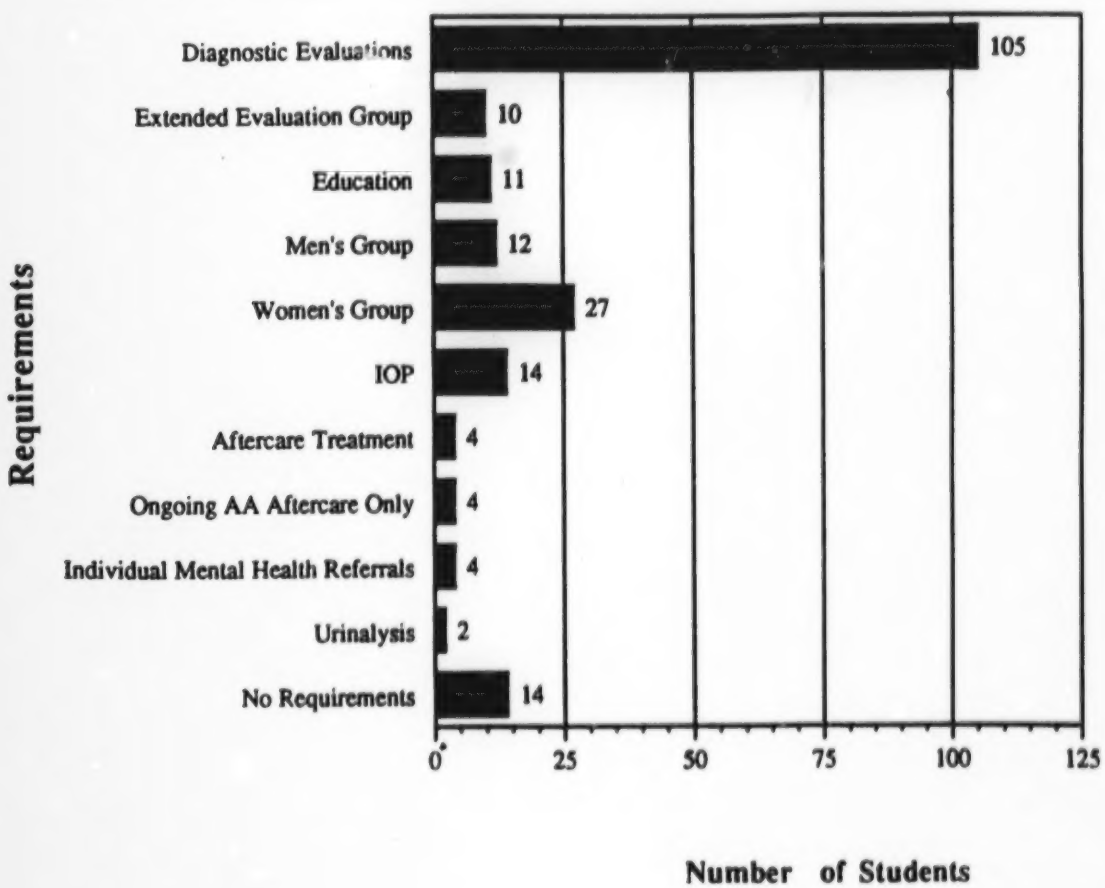
Defensive (Def-): A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, too defensive to determine (Def-Too Def To Det), chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

REQUIRED SERVICES

Table 7 provides information on the continuum of required services according to Washington Administrative Code (WAC) 275-19-660. This WAC requires that intensive outpatient programs provide the following services: (1) assessment of needs regarding drug-related problems, (2) education regarding drugs and drug addiction, (3) group therapy sessions, (4) treatment services that include individual counseling to determine goals, interventions, time frames, and measurement devices, and (5) a structured aftercare program (Intensive Outpatient Facilities--Required Services, 1990).

The agency service components in Table 7 are a part of or related to intensive outpatient programs for individuals with drug-related problems.

TABLE 7: CONTINUUM OF REQUIRED SERVICES 1992-1993 (WAC 275-19-660) CONTINUATION HIGH SCHOOL

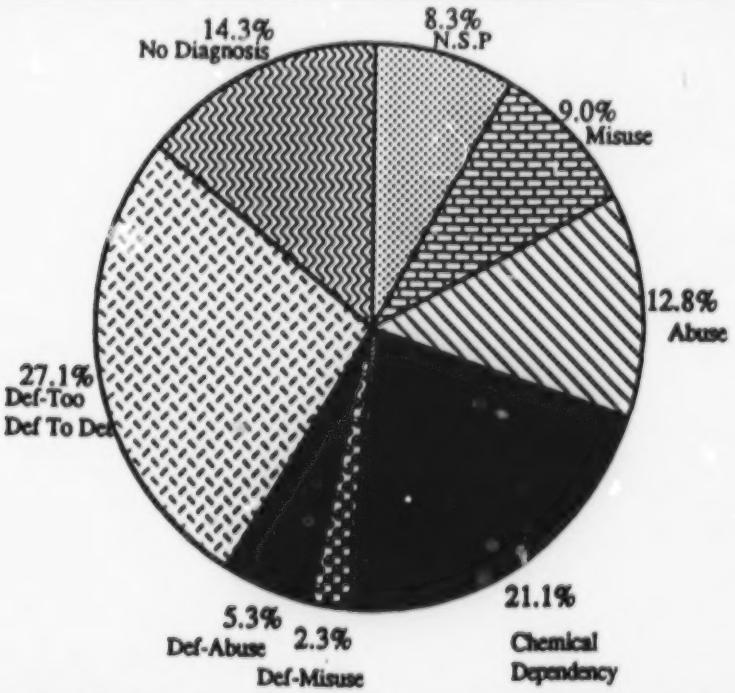


CONTRACT-BASED EDUCATION HIGH SCHOOL

In 1991-1992, 133 students at Contract-Based Education High School received diagnostic evaluations. These students ranged from age, 14 to 21 years. The majority of these students were in 12th grade, and the population was roughly divided between males and females. About 5 percent of these students indicated that they had children of their own. No data was provided on ethnicity.

The results of the diagnostic evaluations are provided in Table 8, and indicate that 21 percent of these students were diagnosed as chemically dependent.

TABLE 8: DIAGNOSTIC EVALUATIONS FOR CBE 1991-1992



N.S.P (No Significant Problem): A diagnostic evaluation where there are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may occur in this category.

Misuse: A diagnostic evaluation where intoxication and impairment occurs because of the use of alcohol or other drugs.

Abuse: A diagnostic evaluation where use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

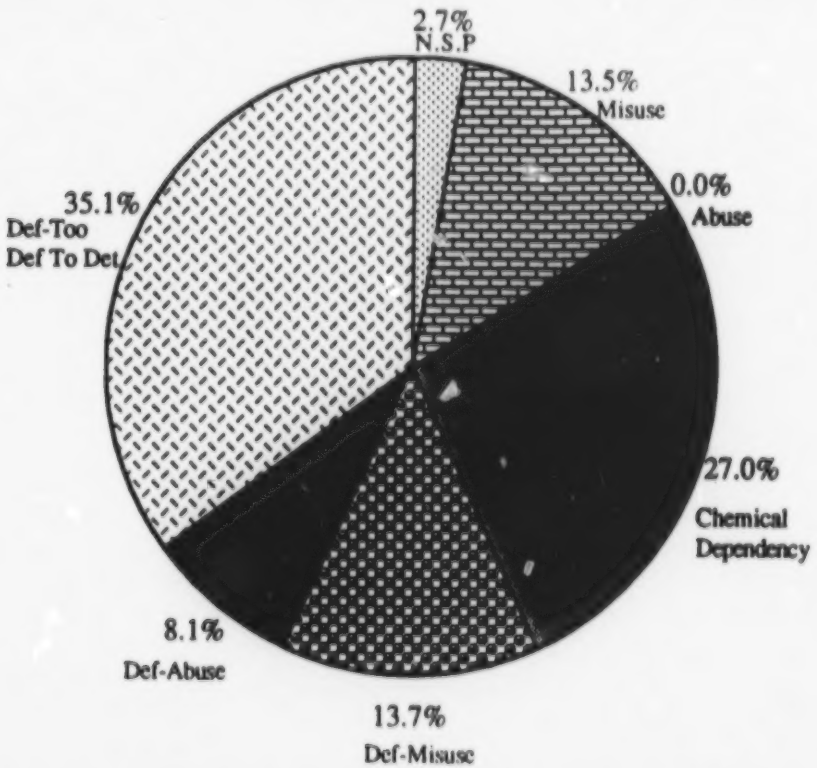
Chemical Dependency: A diagnostic evaluation where dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

Defensive (Def-): A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, too defensive to determine (Def-Too Def To Det), chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

In 1992-1993,37 returning students at Contract-Based Education High School received diagnostic evaluations. These students ranged in age from 15 to 20 years. 31.6 percent of the students are in 12th grade, 31.6 percent in 11th grade, 26.3 percent in 10th grade and 10.5 percent in 9th grade. About 15.8 percent of these students indicated that they had children of their own. 78.2 percent of the students are European American, 7.7 percent African-American, 5.7 percent Asian-American, 1.0 percent Hispanic/Latino, 1.0 percent Native American, and 6.4 percent mixed/other.

The results of the diagnostic evaluations are provided in Table 9, and indicate that 27 percent of these students were diagnosed as chemically dependent.

TABLE 9: DIAGNOSTIC EVALUATIONS FOR CBE 1992-1993

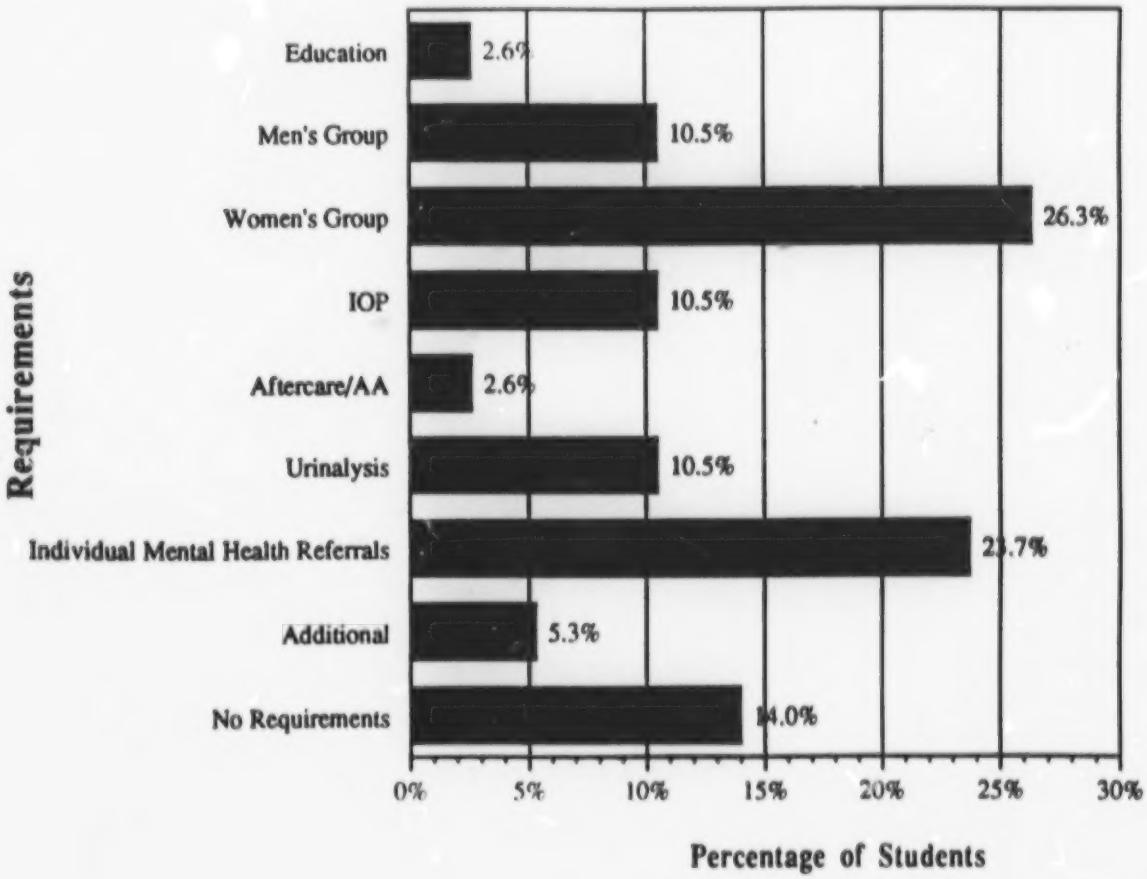


44.4 percent of the returning students are living with mother only, 41.7 percent with both parents, 2.8 percent with father only, 2.8 percent with self only, and 8.3 percent in other/unknown category.

REQUIRED SERVICES

Table 10 provides information on referrals for required services according to WAC 275-19-660. 42.1 percent were required to attend substance abuse education classes and 20.3 percent were required to participate in the intensive outpatient program (IOP) that includes individual counseling, group therapy, and AA/support meetings. The IOP may also include urinalysis and family sessions.

TABLE 10: CONTINUUM OF REQUIRED SERVICES 1992-1993 FOR CBE (WAC 275-19-660)



Case Interviews

The following six interviews were conducted with students who attended Continuation High School during the 1991-1992 school year and returned for the 1992-1993 school year. They were asked about the kinds of drugs used, the amount of "clean time" without drugs, recovery activities, recent urinalysis tests, kinds of existing support systems, classroom activities, and if any changes in behavior or attitude had occurred since last year. Finally, these students were asked to comment freely on any aspect of the program. The names of the interviewed students have been changed for confidentiality purposes.

Tom (Chemically Dependent)

Tom is a 19-year-old Filipino American in the 12th grade at Continuation High School. He was born in the Philippines and raised in Honolulu, Hawaii, since the age of two. During his years in Hawaii, he began smoking marijuana, drinking beer, and going to parties or "hanging out" in the streets with friends. At 18, he and his family moved to Washington to leave the drug lifestyle. As of Tom's interview, he has been drug-free for five months. He attributes his success to being involved in church-sponsored sports activities such as basketball, boxing, and softball. Tom belongs to two churches and has made friends (all non-drug users) at each church. Tom's household consists of his mother, father, and three brothers who use marijuana, beer, and other drugs. Despite his close proximity to these drugs, Tom states that his brothers respect his decision not to use drugs and do not pressure him to use. He is not working at this time.

Tom will need to attend summer school to earn additional credits to be eligible for graduation. While at Continuation, one urinalysis test indicated he had been using drugs. Upon a second test, he was drug-free. Tom expressed his attitude as being more focused on school, more serious about life. He feels that he has better control over his temper as a result of Insight classes during school on Tuesdays and Thursdays. Additionally, through the courses at Continuation, Tom states he has developed more self-control and that the drug education classes are good for students because they offer good advice for those students using drugs.

Griselda (No Significant Problem, co-dependency)

Griselda is a 17-year-old Pacific Islander (Guamanian) student in the 11th grade at Continuation High School. She was born in Guam, moved to California with her family where she completed second grade, and then moved to Washington State. Her household consists of her mother, father, three sisters, one brother, and her 16-month-old baby boy. She is not working at this time and states that she needs ten more credits to graduate from high school.

Griselda related that she has never used drugs, but that her father drinks occasionally. Weekly, she attends a codependency class, a women's group and a parenting class. Griselda felt that the 4-week drug education classes were helpful in that now she has more information about the negative consequences of taking drugs. Griselda said that her parents, family and friends are her support system. She does not like the new attendance policy that limits absences to three unexcused and one excused absence over four-and-one-half weeks in order to earn the credits, but that it is better than last year when she seldom attended class. Griselda reported that she is "more into" school this year and feels that she is learning more at Continuation High School than she would at a regular high school due to the numerous options available. Some examples she offered were field trips, credits for special activities, and the special experience day every Friday.

She believes that some of her peers are not respectful of others, use swear words, and can be very nasty. She feels that American society is very individualistic, and that while most of her peers either have to or want to leave home at age 18, she will get even more family support at age 18 and that there is no pressure to move out of the house. Griselda said that some of her teachers are just like other students because they dress like students, act like students, talk like students. After this remark, Griselda stated that she has mixed feelings about these teachers.

Griselda credits her Catholic religion and her family values with providing her with guidance. Her parents instilled in her an appreciation for the value of an education and the importance of having respect for other people, regardless of their condition or handicap.

Betty (Substance abuse)

Betty is a sixteen-year-old tenth grade European American student at Continuation High School who is currently living with a friend. She is from a family

of seven, is not working, and upon this interview has earned 3.5 credits. Last year Betty only earned .5 credits while "messing around." Betty stated that the drugs she used included cigarettes, wine coolers and whatever other alcohol was available at weekend parties. She indicated that she has been clean and sober since for nine months.

As a part of her recovery program she is spending time with friends, family, (a younger nephew), drawing, making pottery, reading, and swimming. She credits the women's group with helping her to talk about her feelings and gain confidence in speaking in front of people. Betty said that she frequently skipped school last year. However, her attendance has improved because the attendance policy requires students to be in class in order to earn credits, as compared to last year when students could come and go as they pleased. She feels that school can help someone if they are willing, and that there are good programs this year such as VIP (Volunteers In Progress) that helps you dress for jobs. She also mentioned the following school features as beneficial: field trips on Fridays, the student store where credit can be earned for work completed, history class where you can talk about what is going on in the world including abortion and racism, the art program, cooking program, gym, and optional activities.

Betty believes that school has something for everyone and that students from different races and cultures work well together toward the same goals. She also mentioned a recent student-planned school assembly where she gave a speech entitled "Heal The World" in her native German language. She said that students at Continuation are into the hip-hop look, the alternative look, and the rock look as far as dressing is concerned.

Carol (Substance Abuse)

Carol is a 16-year-old African American tenth grade student at Continuation High School who lives with her mother and sister. She became a substance abuser by drinking wine coolers with friends. She has been clean and sober for four months and attributes her success to making a personal decision not to drink anymore. Carol likes to listen to music (rap, R & B, and 60's tunes), watch television, and play basketball. Her support system is her immediate and extended family, including four aunts, five uncles, and older friends. Carol indicated that this year she is doing her school work, as compared to last year when she was neither doing any work nor attending school. She reported that she would get all dressed up and ready for school as her mother dressed for work, and as soon as mom left she skipped school and stayed home to watch television or went with friends until her mom came home from work.

Carol said that school was better for her this year and that she is serious about getting the work done. She said that the rules about attendance are good. If a student misses four days over a four-and-one-half week period, then all of the credits are lost. She is attending the women's group and has good attendance at school and the group.

Heather (Substance Abuse)

Heather is an 18-year-old 12th grade European American student at Continuation High School, and a wife and mother of a one-year-old son. She has earned 22.3 credits toward graduation (22.5 credits are needed) and is continuing her education at Highline Community College. Heather married last New Year's eve to a 20-year-old former drug user. Heather has been at the school for two years and knows the case manager as a friend. She is working part-time .

Heather said that she attempted suicide at age 11 by taking a large number of Tylenol tablets because she was upset by her parent's divorce. At age 13, she started drinking alcohol. However, Heather stated that she has been clean and sober for five years. During the school year, she attended a women's group, education classes, and chose to participate in one-on-one counseling. In addition to this, Heather attends two parents' support groups.

Her attitude toward drug use was affected by the birth of her son. She feels more responsible, more realistic about expectations, and more assertive about her son's safety and well-being. She grew up in a family of violence and wants to insure that her son does not experience abuse. She expressed her happiness with being married because she wouldn't have to play the "dating game" anymore. Heather says that she is not as angry as she used to be and is more confident and self-assured. Heather's final remarks were that the women's group was not very helpful, the drug education classes taught her more about drugs and that her main problem is anger management because she was very abusive with her two younger brothers since there was a lot of violence in her family history. Overall, she thinks that the program is good and likes the variety of resources, but dislikes not having any choices.

April (Chemically Dependent)

April is a 17-year-old European American in the 11th grade at Continuation High School. She lives with her mother, stepfather, and two brothers. Currently, she is working at McDonalds.

At 16, she reported using amphetamines (speed) one or two times with friends, drinking beer, wine coolers, and smoking cigarettes. April has been clean and sober for one year and is attending the women's group and drug education classes. Some of her friends are smoking pot, but April says that they don't pressure her to use. She requested a urinalysis last April to satisfy her mother, who thought that she was using drugs.

April's support system includes her boyfriend, who is a non-user, and her boyfriend's mother. She says that she needs one-and-one-half credits to become a senior and that her attitude has changed for the better as she is learning to be prepared for the future. April will be attending Decatur High School next year and will take seven classes, plans to attend college and become a pharmacist. She thinks that the attendance policy is not fair as students are kicked out of school. April did not like having to take the drug education classes and the women's group. She said that most of the women in the group have kids and all that they do is talk about them.

Discussion

The findings of this study indicate high rates of alcohol and other drug use among adolescents in alternative education programs. In 1992 - 1993 only 9.5 percent of students at Continuation High School and 2.7 percent of students at Contract-Based Education High School were diagnosed as having no significant problem with alcohol and other drug use. Further research is recommended with these populations to determine the key variables associated with drug-free lifestyles.

In 1992-1993, 37.2 percent of the students at Continuation High School were diagnosed as substance abusing or chemically dependent, and 27.0 percent of students at Contract-Based Education High School were diagnosed as substance abusing or chemical dependent. Further research is recommended with these populations to determine the key variables associated with substance abuse and chemical dependency, and the effectiveness of the program tracks, including referrals to residential treatment programs. The diagnosed rates of substance abuse and chemical dependency have declined from 83 percent during the pilot year (1989-1990) to the current project year rate of 37.2 percent (1992-1993) for Continuation High School students.

However, the rate of defensiveness in the pilot year was 15 percent while the current project year defensiveness rate increased to 42.8 percent for students at Continuation High School. The following conclusions are based on the chemical dependency literature on problem denial (Kinney and Leaton, 1991; Johnson, 1980; Anderson, 1988):

A. With the implementation of mandatory diagnostic assessments for alcohol and other drug use, a substantial number of chemically-impaired adolescents choose not to enter the enrollment process.

B. The level of substance abuse problem denial has become more ingrained and sophisticated within the adolescent population.

Recommendations

The recommendations of this study will be effective with adolescents only to the extent to which the interventions are tailored to the social, cultural, and gender identity of the individual adolescent/family. Specific interventions that address cultural factors and the most appropriate programming are needed. The following recommendations are based on the available information:

1. Develop more treatment tracks for substance abusers and defensive students.

2. Develop additional methods to address student and family denial.

3. Increase school staff sensitivity to multicultural factors influencing attitudes, and the cultural empathy needs of African American students in the assessment process.

4. Assess diagnostic evaluations and the effectiveness of program tracks for ethnic populations.

5. Evaluate and track referrals to inpatient residential facilities to determine effectiveness of treatment.

6. Assess the effectiveness of program tracks for students by conducting a multiple baseline follow-up study of students referred to program tracks in 1992-1993 and continuing in school.

7. Examine drinking/drug patterns, levels of impairment, and duration of use for students.

8. Review attendance of students in classes and school activities.

9. Review and assess credits earned, school behaviors, and program tracks.

10. Prioritize and study the emotional needs of adolescent women entering the alternative school environment.

Program Restructuring for 1992-93 School Year

The student assistance program was restructured as the evaluation results became available. This research and review process led to the following changes relating to the recommendations in the previous section.

1. A greater diversity of groups was designed to meet a wider range of problems associated with substance abuse. A specific ongoing evaluation group process was designed for students who exhibited symptoms of defensiveness in the initial assessment.

2. Studies by the Washington State Department of Social and Health Services indicate that adolescents and families focus a major portion of their problem denial on the assessment-referral process. The system was restructured so that the assessment-referral agency operated independently of case management and treatment. Though this reduced treatment resources, it was determined that family conflict over the mandatory assessment process would need to be overcome before using the assessment agency as a treatment resource.

3. The Project Director was also requested to prepare an Information Paper on the alternative school program to serve as a working paper to prepare a pre-enrollment information brochure for future students of Continuation High and Contract-Based Education. The Information Paper is included in Appendix D.

4. An African American assessment counselor was hired to provide evaluations, particularly for families from communities of color. In addition, Olympic Counseling retained bilingual and/or bicultural counselors from the following communities: Hispanic/Latino, Asian/Pacific Islander, and Native American. These staff are available to the program on an on-call basis.

5. The student assistance team will study and make program recommendations to positively impact the emotional health of young women enrolled at Continuation and Contract-Based Education High School.

Glossary

Abuse: A diagnostic evaluation finding that use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

Chemical Dependency: A diagnostic evaluation finding that dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

Diagnostic Evaluation or Assessment: The chemical dependency counselor's face-to-face diagnosis of the client's involvement with alcohol and other drugs, including the type of substance used, the degree of progression of the disease, and the signs and symptoms which substantiate the diagnosis.

Intensive Outpatient Required Services: Assessment of each client's needs regarding alcohol or other drug related problems; a program that delivers at least 72 hours of treatment services within 12 weeks that includes individual counseling, alcohol and other drug education classes, group sessions, and a structured aftercare (follow-up services after completion of the intensive outpatient program) program. Urinalysis, random sampling of urine, and other tests for the use of alcohol or other drugs may be included as a part of an intensive outpatient program.

Misuse: A diagnostic evaluation finding that intoxication and impairment occurs because of the use of alcohol or other drugs.

No Significant Problem: A diagnostic evaluation which concludes that are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may be a part of this category.

Too Defensive to Determine: A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

References

Anderson, G. L. (1988). When chemicals come to school: The student assistance program model. Milwaukee, Wisconsin: Community Recovery Press.

Benishek, L. A. (1989). A summary of adolescent substance abuse assessment instruments. Health Care Study Project. Lansing: Michigan State University, Department of Psychiatry.

Bennett, W. J. (1987). What works: Schools without drugs. Washington, DC: U.S. Department of Education.

Chandler, L. A. (1986). The stress response scale. Pittsburgh: University of Pittsburgh, The Psychoeducational clinic.

Herberg, T. C., Hughes, J., & Bond, E. (1990). Components of successful alcohol and other drug intervention programs. Student Assistance Journal, 3(3), 40-41.

Intensive Outpatient Facilities - Required Services (1990). Washington Administrative Code (Chapter 275-19-660). Olympia, WA:

Jessor, R., & Jessor, S. L. (1977). Problem behavior and psychosocial development: A longitudinal study of youth. San Diego, CA: Academic Press.

Johnson, V. E. (1980). I'll quit tomorrow: A practical guide to alcoholism treatment. (rev. ed.). San Francisco: Harper.

Kandel, D.B. (1975). Reaching the hard-to-reach: Illicit drug use among high school absentees. Addictive Diseases 1:465-480.

Kinney, J., & Leaton, G. (1991). Loosening the grip (4th ed.). St. Louis, MO: Mosby.

Lanyon, R. I. (1978). Psychological screening inventory manual: Second edition. Port Huron, MI: Research Psychologists Press.

Moore, D. D. (1990). The client substance index. Tacoma, WA: Olympic Counseling Services.

Moore, D. D. (1992). Mastery Educator Institute programming manual. Seattle, WA: University of Washington Center for the Study and Teaching of At-Risk Students (C-STARS).

Moore, D., & Forster, J. (Jan./Feb. 1993). Student assistance programs: New approaches for reducing adolescent substance abuse. Journal of Counseling and Development, 71(3), 326-329.

Northwest Regional Educational Laboratory. (1991). A state-wide report on substance abuse in Washington: 1988-1990. Olympia, WA: Author.

Simcah-Fagan, D., Gersten, J., & Langner, T. (1986). Early precursors and concurrent correlates of patterns of illicit drug use in adolescence. Journal of Drug Issues, 16, 7-23.

Smith, A. J. & Stowitschek, J. (1989). Interprofessional case management project resource directory. Seattle: University of Washington, Center for the Study and Teaching of At-Risk Students (C-STARS).

Werner, E. E. (1987). Vulnerability and resiliency in children at-risk for delinquency: A longitudinal study from birth to young adulthood. In J.D. Burchard & S. N. Burchard (Eds.), Prevention of Delinquent Behavior (pp. 16-43). Newbury Park, CA: SAGE.

Appendix A: Student Assistance Programs

Student assistance programs are designed to reduce adolescent substance abuse. Modeled after workplace employee assistance programs, student assistance programs are designed to identify, assess, refer, and manage cases of students at risk of substance abuse. Adoption of the student assistance program model is on the rise in response to the increasing need to assist substance-abusing adolescents with resources from school and community partnerships.

The typical student assistance program has a team which includes a substance abuse specialist and representatives from the school's key programs. The student assistance program typically has a structure and process to identify students who are substance abusers and link them with school and community resources that provide prevention, intervention, treatment, and aftercare counseling.

In a random sample of 74 students selected from a population of 454 referred to student assistance programs in Pierce County between September 1, 1987 and November 30, 1987, 82% of the students were found to have improvements in their behaviors six months after receiving student assistance services (Moore and Forster, 1993).

Funding for student assistance programs has expanded in Washington State during the past several years; the State Legislature has allocated funds to enhance and expand over 60 student assistance programs with the hiring of substance abuse intervention specialists to provide assessment, referral, and case management services. Interprofessional case management services are described in a training manual designed to assist school personnel involved in student assistance programs (Smith & Stowitschek, 1989).

Appendix B: Federal Way School District Policy on Drug, Alcohol and Mind-Altering Substances

Drug, Alcohol, and Mind-Altering Substances	P5131.2

1.0 It is the policy of the Board of Education of the Federal Way School District to recognize alcohol and other drug use/abuse as a societal problem and that substance abuse and drug dependency is a disease process that may be successfully treated. The District supports abstinence from drugs, alcohol and mind-altering substances for all children and adolescents in order that their development can reach full intellectual, emotional, social, and physical potential.

2.0 The District is committed to a comprehensive home-school-community partnership which includes as essential components: education, prevention, intervention, community treatment referral, aftercare, and corrective actions. The District will continuously develop and maintain K-12 programs in age appropriate prevention, intervention, and school re-entry support. Professional treatment and aftercare, when needed, will remain the financial responsibility of the student and parent or guardian. The District is committed to cooperation during treatment and aftercare.

3.0 Any student who (a) illegally uses, possesses, sells, or is under the influence of drugs, that which purports to be drugs or alcohol, alcohol, or mind altering substances; (b) uses, possesses, sells or is under the influence of medication which is not physician prescribed and parent approved (written permission); or (c) illegally uses, possesses, sells, or gives to another, drug paraphernalia on or adjacent to school property, or at a school sponsored activity or event, will be disciplined. Such discipline will include participation in student assistance program activities, referral to a law enforcement agency, and/or suspension or expulsion from school. Non-students who violate this policy shall be removed or detained and/or reported to proper legal authorities. Discipline will be progressive in nature with consequences varying according to the severity and number of offenses. Consequences for offenses will be divided into two groups, elementary and secondary. The consequences for offenses will be progressive in nature and will be cumulative over the: 1) elementary school years, and 2) secondary school years.

4.0 Substance abuse assessment programs will be a condition of enrollment at the Federal Way School District Alternative Education Schools. If substance use related health care is needed by a student, the student will undergo District approved referral and therapy.

Legal References:	RCW 28A.58.101 and 1011 RCW 66.44.100, 150, 160, 170, 270, 370 RCW 69.50.101 through 607 RCW 69.52.010 through 901
Adopted:	4/20/70
Amended:	6/24/91

P5131.2

Appendix C: Case Management Contract

I have met with my case manager and understand that I need to be enrolled in any treatment recommendations that I may have before I can register for academic classes at CBE or Continuation High School.

_____ _____
Student Signature Date

_____ _____
Case Manager Signature Date

_____ _____
Parent Signature Date

TREATMENT RECOMMENDATIONS

____ DRUG AND ALCOHOL EDUCATION

____ DEFENSIVE GROUP

____ MEN'S GROUP

____ WOMEN'S GROUP

____ INTERMEDIATE GROUP

____ INTENSIVE OUT-PATIENT TREATMENT

____ INTENSIVE IN-PATIENT TREATMENT

____ 12 STEP MEETINGS

____ URINALYSIS

____ AFTERCARE

____ ANGER MANAGEMENT

____ SELF ESTEEM GROUP

____ FAMILY COUNSELING

____ OTHER: _____

BEST COPY AVAILABLE

Appendix D: Alternative School Student Assistance Program Information Paper

"Student Assistance Programs are school initiated assessment, community referral, and support systems for students who are at risk of, or involved with, substance abuse." (Svendsen & Griffin, 1986, Anderson, 1986)

Prepared by: David D. Moore, Ph.D., CCDCIII
Prepared for: Richard Harris, Ph.D.,
at the request of Federal Way School District Board of Directors

I. Overview: How Can We Objectively Evaluate Student Assistance Programs?

This information paper uses three sources of objective evaluation and research as a foundation for answering questions about Alternative School Student Assistance Programs. These sources are: a) state licensure guidelines; b) United States Department of Education program evaluation; and c) Department of Social and Health Services (DSHS) adolescent research.

Under the Federal Drug-Free Schools and Communities Act of 1986, an extensive array of professional experts has been assembled by the United States Department of Education to evaluate specific Student Assistance Programs through: a) national citations and awards for excellence, and b) the competitive allocation of grant funds to school districts who have model programs that can be evaluated and shared nationwide.

When national citations and awards are given, the entire district-wide program is studied, though one model school receives the distinction. In the Puget Sound area, the following programs have received national recognition:

- Franklin Pierce School District/Gates Alternative High School--1988
- Peninsula School District/Gig Harbor High School--1989
- Chief Leschi School District--1990
- Federal Way School District/Illahee Junior High School--1991

The following Student Assistance Programs were awarded federal grants to serve as evaluated national models:

- Federal Way School District/Continuation High School; 1991-1993 (approximately $200,000.00).
- Consortium of Federal Way School District, Tacoma School District, Peninsula School District, and Franklin-Pierce School District; 1992-1995 (approximately $1.2 million).

In addition to these two grants, the school districts' two partner institutions (Olympic Counseling Services and the University of Washington) received a United States Department of Education grant to train school personnel in these recognized models. This training (1991-1993) will includes over 300 school districts in Washington, Oregon, Alaska, California, Idaho, Nebraska, Kansas, Michigan and Montana.

When reviewing the substance use assessment, referral, and community treatment procedures in Washington State, it is important to begin from what is required by

BEST COPY AVAILABLE

Washington Administrative Code (WAC) 275-19-660. Unless these guidelines are followed, the procedures are outside those licensed in the state. Unlicensed procedures are major grounds for malpractice liability. Proceedings from WAC 275-19-660, two major adolescent evaluations of licensed services have recently been completed by the Washington State Department of Social and Health Services (DSHS) Division of Alcohol and Substance Abuse. Published in 1992, these studies are:

- Treatment Placement Decisions for Adolescent Clients of Washington State's Division of Alcohol and Substance Abuse.
- A Descriptive Study of Adolescent Clients of Washington State's Division of Alcohol and Substance Abuse.

School-based outcomes of 10 Pierce County Student Assistance Programs were published in 1989, as a study conducted by the University of Washington (Dr. Albert J. Smith) for the Office of the Superintendent of Public Instruction. This data measures nine-month follow-ups on students referred to Student Assistance Programs.

II. How are Adolescents Referred for Substance Abuse Assessment?

Overwhelmingly, adolescents do not refer themselves for substance use assessments. They are unwilling partners to the assessment process, which is not surprising given the problem denial inherent in substance abuse. Only 13% of Washington State adolescents were supportively involved in their own referral. The major adult-originated referrals of these youth were the schools (30%), followed by the juvenile justice authorities (23%), and families (20%). Since the DSHS study counted all sources supporting the referral for assessment, it is apparent that only one in five families supported the youth's referral and only one in eight of the youth themselves supported the referral. These findings are similar to the adult experience, where most referrals are initiated by legal authorities (DWI, etc.) and employee intervention programs.

Most adolescents entering the system, and their families, do not see a need for substance use assessment and/or counseling referral.

III. How are Adolescents Assessed to Determine Therapy Referral?

According to DSHS, the actual interview questions and supportive tests vary from agency to agency, but the best procedures are those that are standardized. Standardization means equality of assessment process from youth to youth and counselor to counselor. Test and questionnaires are used to make sure that the counselor covers all the important areas for each client. This includes areas mandated by WAC 275-19-660 (e.g., client's physician, past counseling history, Brief Risk Inventory for HIV/AIDS, etc.). In the DSHS state-wide study, the following factors were weighted as to their importance in substance use assessments:

Factor	Importance Level
Alcohol and Other Drug History	37%
Family History	17%
High-Risk Behavior	14%
Social Background	11%
Personal Development	3%
Medical Concerns	2%
All Others	17%

BEST COPY AVAILABLE

After clinical interviews, a final problem category is designated for each client: no problem, substance misuse, substance abuse, or chemical dependency. These categories have been described in the DSHS curriculum "Alcohol and Drug Information School". The Department of Licensing has directly linked these categories to specific treatment tracks. All the recognized and evaluated school districts noted above, except for the Chief Leschi School District's culturally specific program, use the Department of Licensing standards.

There is one other initial assessment category: the client who is too defensive to evaluate in one 2-3 hour process. Until 1984, the Department of Licensing sent all adult clients through a nine-hour education and evaluation process. This was also true with all adolescents entering Student Assistance Programs. The youth went through a 20-hour education and evaluation program. The reason for extended evaluations is obvious; the persons being assessed were unwilling and often guarded (see Part II above). With the advent of better defensiveness testing, only 20-30 % of today's clients have to go through extended evaluation. An assessment of "too defensive to evaluate" leads to this extended evaluation.

Adolescents going through extended assessment receive substance use prevention education and skills/practice in self-evaluating their own risks of substance abuse. Both of these areas are strongly encouraged for substance abuse prevention (U.S. Department of Education, 1986), so there is noticeable benefit to any participating youth, regardless of their actual problem level.

IV. What Needs do Adolescents Who are Evaluated Tend to Have?

There are two types of mandatory referrals that generate entire groups of adolescents into the assessment system. The first group is made up of adolescents who violate school or community laws (juvenile justice). The second group is comprised of adolescents who are at high risk of substance abuse, particularly adolescents in alternative high schools or teenagers in group homes. There are no studies on group home youth. However, both alternative schools (see Section II, above) and juvenile justice (Brenna, 1984) have been studied. These populations have similar substance use problem levels as the state-wide DSHS substance abuse counseling system. Therefore, when reviewing the DSHS data findings in this section, it should be realized that youth enrolled in alternative schools or those who have been arrested will usually have similar problems.

There are generally adequate therapy programs available to meet these needs.

- 84% of the adolescents fall into the categories of substance abuse or chemical dependency;
- 74% of the adolescents' families have poor family functioning;
- 59% of the adolescents live with another family member who is abusing alcohol or other drugs;
- 60% have serious emotional problems;
- 69% of the females and 33% of the males had been sexually abused.
- 51% of the males and 24% of the females have been physically abused.

BEST COPY AVAILABLE

It can be concluded that most of these adolescents and families have both substance abuse and other individual needs. The high levels of family functioning problems and other family members' substance abuse also provide insight into why only 20 % of the families are one of the youth's referral sources. Even when the family becomes involved, they may focus off of substance abuse and into the areas of emotional problems, family communications needs, or other family issues.

The following review of assessed clients shows what percentages are recommended for which type of counseling:

Counseling Type	% of Youth	Usual Assessment Category
Inpatient Treatment	46	Chemical Dependency
Intensive Outpatient Treatment	19	Substance Abuse/Chemical Dependency
Regular Outpatient Treatment	19	Early Stage Substance Abuse
Other (Usually Education Only)	16	Substance Misuse/No Problem

The above data is a stratified random sample from across Washington State of 360 cases evaluated by a panel of 15 assessment experts.

There is a strong argument from DSHS/Division of Alcohol and Substance Abuse's study findings for assessments done within an agency of substance abuse counselors (i.e., peer review, supervision, quality assurance). This team approach yields an 87%-89% agreement among evaluators assessing the same client. Substance abuse counselors acting independently, without other substance abuse counselors reviewing their activities, are likely to agree with each other at a rate of 53%-61%. This indicates that the general state-wide school practice of hiring agencies rather than individual counselors, is supported by the field research.

Substance use assessment counselors tend to issue treatment recommendations that are significantly lower than what they believe the client really needs. Ideally, they hope the adolescent/family will become engaged with counseling and receive a longer period of therapy.

V. What Happens Between Assessments and Entering Counseling?

The major finding is that many youth and their families resist following the counseling recommendations, even though these recommendations tend to be lower that what can be seen as ideally necessary (see IV above). There are three types of resistance found in the assessment to referral process.

First, many recommendations are lowered at the time of referral. In the DSHS study of assessment recommendations, realistic referrals were made based on client need and available resources. The actual recommendations made to the adolescent/families were substantially lower:

BEST COPY AVAILABLE

Treatment Referral	Realistic	Actual Referral
Intensive Inpatient	46%	17%
Intensive Outpatient	19%	17%
Regular Outpatient	19%	67%

It is apparent that adolescent/family resistance is in effect even before the final recommendations are made by the evaluating counselor.

Secondly, after the final recommendations are made, 26% do not enter the recommended counseling; 21% of the 26% were evaluated as substance abusers or chemically dependent.

Finally, of those entering counseling, only 35% complete their recommended treatment plan. This is covered in the next section.

VI. Why do Adolescents Complete Treatment?

The state-wide DSHS/Division of Alcohol and Substance Abuse study of adolescents who completed treatment found only two statistically significant factors that predicted their success: the adolescents who were (a) referred by their schools; and/or (b) referred by juvenile justice authorities.

Of adolescents referred to treatment, each had what is called a primary treatment plan. These treatment plans are then followed by a period of aftercare. Completion of primary treatment was studied state-wide by DSHS/Division of Alcohol and Substance Abuse, while aftercare was not evaluated. Adolescents completed treatment at the following rates:

Therapy Type	Completion Rate
Intensive Inpatient	62%
Intensive Outpatient	14%
Regular Outpatient	32%

It would be reasonable to conclude that the adolescent/family resistance to counseling, which often leads to lowered levels of recommendations (see Part V), culminates with treatment failure. The avoidance of residential treatment can be seen as particularly disheartening, since the available aftercare research predicts that 31% of the inpatient adolescents will recover from chemical dependency; 7% of the chemically dependent youth referred into Intensive Outpatient will recover. In summary, inpatient treatment is four times as likely to succeed as outpatient treatment for adolescents diagnosed as chemically dependent.

> Note: Dr. Sandra Brown's five year research indicates that approximately 50% of adolescents completing primary treatment will subsequently succeed in recovery. Dr. Brown's study includes over 400 adolescents. The above figures of predicted success are based on 50% of the adolescents who complete inpatient (50% of 62% = 31%) and intensive outpatient program (50% of 14% = 7%).

BEST COPY AVAILABLE

VII How Does Referral into Assessment and Counseling Affect Student's School-Related Behavior?

As documented in the state wide adolescent studies, adolescent and family resistance significantly impacts the entire assessment system. Counselors are systematically lowering therapy recommendations which are lower than those actually deemed necessary. The outcomes in responding to this resistance, at least in recommending outpatient instead of inpatient, is lowered rates of treatment completion. Minimally, there is no documented support to the idea that "winning a family's support" by negotiating for lower therapy levels will result in better outcomes for the student.

There is documented evidence that school referral of adolescents to assessment and substance abuse counseling, regardless of family referral support, is one of two potential predictors of treatment success. The other is similar referral by juvenile justice authorities.

As schools take an active role in referral, it can be expected that their systems will also be negatively affected by adolescent/family resistance. The focus of this resistance would be expected to occur in the same manner as that experienced by state-wide agencies: protracted efforts to lower the counseling recommendations. There are three ways to engage in these efforts: 1) discredit the counselor or assessment process; 2) discredit the recommendations or counseling agency providing referral treatment; or 3) discredit the school's involvement in acting as an agent for assessment/referral.

Resistance to the assessment and referral system will impact the school personnel (Student Assistance Team) and policy-makers (Principals and Central Administrators) responsible for implementing the system. It will also impact the assessment counselors and agency. Both personnel groups will need support.

The final measures of how Student Assistance Programs benefit the individual student and school are: a) do students decrease substance use?; and b) do the problematic behaviors relating to substance use improve?. A study of Federal Way School District 8th-9th graders indicated substance use did decrease (1990), which is similar to a study of Sumner School District 7th-12th graders (1988). In addition, state-wide studies and Dr.Brown's aftercare research indicate strong rates of abstinence for chemically dependent students who complete their primary treatment programs, particularly inpatient.

In a study of school behaviors (Smith, 1986), adolescents entering Student Assistance had the following problems documented by school personnel (evidenced in the school setting):

1.	Problems with peer or family interpersonal relationships	45%
2.	Classroom behavioral (disruption) difficulties	39%
3.	Drug-alcohol rules violations at schools	34%
4.	Decline in grades	34%
5.	Pattern of truancy or tardiness	24%
6	Concern about their own chemical use	16%
7.	Psychological impairment	15%
8	Juvenile justice involvement	4%
9	Decline in physical health	3%

BEST COPY AVAILABLE

In a follow-up random study (74 of 550) six months after referral to Student Assistance, 82% of these behaviors had improved.

It can be concluded that Student Assistance referral shows dramatic improvement in students' personal functioning in the school setting. However, initial and protracted program resistance must be addressed due to its potential to disrupt the school system.